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Fill in this information to identify your	ill in this information to identify your case:						
United States Bankruptcy Court for the: NORTHERN DISTRICT OF GEORGIA							
Case number (if known):	Chapter you are filing under: Chapter 7 Chapter 11 Chapter 12 Chapter 13						

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: **Identify Yourself** About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Your full name Write the name that is on your Shauna government-issued picture First Name First Name identification (for example, Lerinda your driver's license or Middle Name Middle Name passport). Walker Last Name Bring your picture Last Name identification to your meeting with the trustee. Suffix (Sr., Jr., II, III) Suffix (Sr., Jr., II, III) All other names you have used in the last 8 First Name First Name years Middle Name Middle Name Include your married or maiden names. Last Name Last Name Only the last 4 digits of $xxx - xx - 0 \qquad 4 \qquad 2$ your Social Security number or federal OR OR **Individual Taxpayer** Identification number 9xx - xx -9xx - xx -(ITIN) Any business names I have not used any business names or EINs. ☐ I have not used any business names or EINs. and Employer **Identification Numbers** Business name Business name (EIN) you have used in the last 8 years Business name Business name Include trade names and doing business as names Business name Business name

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Deb	otor 1	Shauna First Name	Lerinda Middle Name	Walker Last Name	_ Case nu	mber (if known)
			About Debtor		Ab	out Debtor 2 (Spouse Only in a Joint Case):
					EIN	· - ⁻
			EIN -		EIN	- — - — — — — —
5.	Where y	ou live			If C	ebtor 2 lives at a different address:
			209 Park Pla	ace Circle		
			Number Stre	et	Nur	nber Street
			Rockmart City	GA 30153 State ZIP Code	City	State ZIP Code
			Polk	Oldio Zii Oodo	Oity	State Zii Sode
			County		Cou	inty
			If your mailin	g address is different from	If D	ebtor 2's mailing address is different
				e, fill it in here. Note that the dany notices to you at this ss.	will	m yours, fill it in here. Note that the court send any notices to you at this mailing dress.
			209 Park Pla	ace Circle		
			Number Stre		Nur	nber Street
			P.O. Box		<u> </u>	. Box
			Rockmart	GA 30153	1.0	. 500
			City	State ZIP Code	City	State ZIP Code
6.		u are choosing trict to file for	Check one:		Ch	eck one:
	bankrup		petition,	last 180 days before filing thi I have lived in this district long ny other district.		Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
				nother reason. Explain. U.S.C. § 1408.)		I have another reason. Explain. (See 28 U.S.C. § 1408.)
P	art 2:	Tell the Court	About Your Bar	nkruptcy Case		
7.	Bankru	opter of the ptcy Code you				equired by 11 U.S.C. § 342(b) for Individuals Filing and check the appropriate box.
	are cho	osing to file	☐ Chapter 7			
			☐ Chapter 1	I		
			_ ~			
			☑ Chapter 13	5		

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Deb	tor 1 Shauna	Lerinda	Walker	Case number ((if known) _		
8.	First Name How you will pay the fee	court f pay wi behalf I need Individ I requ By law than 1 fee in	Last Name Day the entire fee when I file for more details about how ye th cash, cashier's check, or , your attorney may pay with I to pay the fee in installme duals to Pay Your Filing Fee est that my fee be waived of, a judge may, but is not req 50% of the official poverty lie installments). If you choose Fee Waived (Official Form 1	ou may pay. Typically, if y money order. If your attor a credit card or check with the control of the card or check with the card or card	you are payiney is subnith a pre-priniprion, sign a borm 103A). It ion only if yand may do mily size ancout the Appl	ing the fee your nitting your payi ted address. and attach the A you are filing for so only if your id you are unable	self, you may ment on your pplication for Chapter 7. ncome is less to pay the
9.	Have you filed for bankruptcy within the last 8 years?	No Yes. District NE District)GA	MM / When	DD/YYYY	Case number Case number Case number	11-51052
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	✓ No ✓ Yes. Debtor District Debtor		When MM /	Relationshi DD / YYYY Relationshi	Case number, if known ip to you	
11.	Do you rent your residence?	District ☑ No. ☐ Yes.	Go to line 12. Has your landlord obtained residence? No. Go to line 12. Yes. Fill out Initial Sta and file it with this banl	an eviction judgment agai	DD / YYYYY	d do you want to	stay in your

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Deb	tor 1	Shauna First Name	Lerind Middle N		Walker Last Name	Case number (if known)
D,	art 3:	1			sses You Own as a	a Sala Pranziator
	Are you	a sole proprietor	Ally Bu	No.	Go to Part 4.	
	of any full- or part-time business?			Yes.	Name and location of b	usiness
	busines	roprietorship is a s you operate as an al, and is not a			Name of business, if any	
	separate legal entity such as a corporation, partnership, or LLC.				Number Street	
	sole pro	ave more than one prietorship, use a e sheet and attach it			City	State ZIP Code
	to this petition.				Health Care Busin Single Asset Rea Stockbroker (as c	box to describe your business: ness (as defined in 11 U.S.C. § 101(27A)) I Estate (as defined in 11 U.S.C. § 101(51B)) lefined in 11 U.S.C. § 101(53A)) er (as defined in 11 U.S.C. § 101(6)) e
Cha Bar are	Chapter Bankru are you	re you filing under hapter 11 of the ankruptcy Code and re you a <i>small busin</i> ess		set ap t rece	opropriate deadlines. If you balance sheet, statem	the court must know whether you are a small business debtor so that it you indicate that you are a small business debtor, you must attach your lent of operations, cash-flow statement, and federal income tax return of exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
	debtor?	debtor? For a definition of small business debtor, see	$\overline{\mathbf{V}}$	No.	I am not filing under C	napter 11.
				No.	I am filing under Chap the Bankruptcy Code.	er 11, but I am NOT a small business debtor according to the definition in
	11 U.S.	C. § 101(51D).		Yes.	I am filing under Chap Bankruptcy Code.	er 11 and I am a small business debtor according to the definition in the
Pa	art 4:	Report If You (Own or	Hav	e Any Hazardous F	Property or Any Property That Needs Immediate Attention
14.	propert alleged immine	own or have any y that poses or is to pose a threat of nt and identifiable to public health or		No Yes.	What is the hazard?	
	safety? any pro	Or do you own perty that needs attention?			If immediate attention	is needed, why is it needed?
	perishal livestoc	or example, do you own erishable goods, or restock that must be fed, or building that needs urgent pairs?			Where is the property?	Number Street
						City State ZIP Code

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Shauna Lerinda Walker Debtor 1 Case number (if known) First Name Middle Name Last Name

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

About Debtor 1:

You must check one:

15. Tell the court whether you have received briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

 I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a

certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

 □ Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not	requi	red to	receiv	ve a	briefi	ng a	bout
credit c	ounsel	ling be	cause	e of:			

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

 □ Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	otor 1	Shauna First Name	Lerinda Middle Name	Walker Last Name		Case number (if	know	n)	
		•							
P	art 6:	Answer These	Questions	for Reporting Pu	ırpos	ses			
16.	What kind have?	ind of debts do you		•	-	sumer debts? Consumer de imarily for a personal, family,		re defined in 11 U.S.C. § 101(8) usehold purpose."	
						iness debts? Business deb ment or through the operation		debts that you incurred to obtain e business or investment.	
			16c. Sta	te the type of debts ye	ou owe	e that are not consumer or bu	sines	s debts.	
17.	Are you	ı filing under r 7?	☑ No.	I am not filing under	r Chap	oter 7. Go to line 18.			
	any exe	estimate that after empt property is	Yes.	Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?					
		excluded and administrative expenses		□ No					
	are paid that funds will be available for distribution to unsecured creditors?		Yes						
18.		any creditors do iimate that you	✓ 1-49 □ 50-99 □ 100-9 □ 200-9	199		1,000-5,000 5,001-10,000 10,001-25,000		25,001-50,000 50,001-100,000 More than 100,000	
19.		uch do you te your assets to th?	\$50,0 \$100	50,000 001-\$100,000 ,001-\$500,000 ,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	
20.		uch do you te your liabilities to	\$50,0	50,000 001-\$100,000 ,001-\$500,000 ,001-\$1 million		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million		\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion	
P	art 7:	Sign Below							
For	you		I have exa	•	nd I de	eclare under penalty of perjur	y that	the information provided is true	
			or 13 of tit		•			if eligible, under Chapter 7, 11, 12, der each chapter, and I choose to	
						not pay or agree to pay som and read the notice required		who is not an attorney to help me U.S.C. § 342(b).	
			I request r	elief in accordance w	ith the	chapter of title 11, United St	ates C	code, specified in this petition.	
			connection	-	ase ca	in result in fines up to \$250,0	-	money or property by fraud in imprisonment for up to 20 years,	
			X /s/ Sh	auna Lerinda Walk	(er_	x			
			Shaun	a Lerinda Walker, Del	btor 1	Signa	ture of	Debtor 2	
			Execut	ted on <u>08/15/2016</u> MM / DD / YYY	<u>~</u>	Execu	ited or	MM / DD / YYYY	

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Debtor 1	Shauna First Name	Lerinda Middle Name	Walker Last Name	Case number (if know	vn)		
For your attorney, if you are represented by one If you are not represented by an attorney, you do not need to file this page.		I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained relief available under each chapter for which the person is eligible. I also certify that I have delivered the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petitis incorrect.					
		Signature	hew T. Berry e of Attorney for Debtor v T. Berry	Date	08/15/2016 MM / DD / YYYY		
		Printed n	ame Associates				
		2751 Bu Number Suite 60	Street				
		Atlanta		GA	30324		
		City Contact p	phone (404) 235-3300	State Email address mber	ZIP Code		

State

055663 Bar number

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Fi	ll in this inf	ormation to ide	ntify your	case and this fil	ing:		
De	btor 1	Shauna	Lerinda	Walker			
		First Name	Middle Name	e Last Name			
	btor 2 bouse, if filing)	First Name	Middle Name	e Last Name			
			NODTHE		0505014		
		nkruptcy Court for th	e: NORTHE	RN DISTRICT OF	GEORGIA		
	se number known)					_	if this is an
Ĺ						amend	ed filing
∩ff	icial Form	106A/R					
		B: Property					12/15
30	nedule A	B. Property					12/15
the a	asset in the ca g together, bo et to this form	ntegory where you th are equally resp . On the top of any	think it fits be onsible for s additional p	est. Be as complete upplying correct info ages, write your nan	e and accurate as ormation. If more me and case numl	set fits in more than one cat possible. If two married pe space is needed, attach a ber (if known). Answer eve state You Own or Have	ople are separate ry question.
1.			equitable in	terest in any reside	nce, building, land	d, or similar property?	
	No. Go t Yes. Wh	ere is the property?					
2.	_		on vou own f	or all of your entries	s from Part 1. incl	uding anv	
		•	-	1. Write that number		_	\$0.00
Pa	art 2: Des	scribe Your Veh	icles				
-	own that some		ou lease a ve	hicle, also report it or		e registered or not? Include cutory Contracts and Unexpir	•
3.1.	<u> </u>		Who	o has an interest in	the property?	Do not deduct secured clai	ms or exemptions. Put the
Mak	e:	Hyundai		eck one.	ino proporty .	amount of any secured clai	ms on <i>Schedule D:</i>
Mod	el:	XG350	☑	Debtor 1 only		Creditors Who Have Claim	
Yea	r:	2004	_	Debtor 2 only Debtor 1 and Debtor	2 only	Current value of the entire property?	Current value of the portion you own?
Appı	roximate milea	ge:	_ 🗀	At least one of the de	•	\$1,200.00	\$1,200.00
	er information:	0250	_	Chack if this is som	munitu proportu		
200	4 Hyundai X	5350	Ц	Check if this is com (see instructions)	imunity property		
4.						nicles, and accessories notorcycle accessories	
	Yes						
5.	Add the dolla	-	-	or all of your entries Mrite that number		- ·	\$1,200.00
Pa	art 3: Des	scribe Your Per	sonal and	Household Item	s		
					-		

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

Official Form 106A/B Schedule A/B: Property page 1

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Deb	tor 1	Shauna First Name	Lerinda Middle Name	Walker Last Name	Case number (if known)	
6.		nold goods and les: Major applia	furnishings nces, furniture, linens,	china, kitchenware		
	☐ No ✓ Yes	s. Describe	furniture			\$300.00
7.	Electro Example	les: Televisions			uipment; computers, printers, scanners; , cameras, media players, games	
	✓ No ☐ Yes	s. Describe				
8.		•			books, pictures, or other art objects; memorabilia, collectibles	
	✓ No ☐ Yes	s. Describe				
9.					t; bicycles, pool tables, golf clubs, skis;	
	✓ No ☐ Yes	s. Describe				
10.			s, shotguns, ammunitio	n, and related equipmer	nt	
	✓ No ☐ Yes	s. Describe				
11.	-		othes, furs, leather coa	ts, designer wear, shoes	s, accessories	
	_	s. Describe	clothing			\$100.00
12.	Jewelry Example	£	welry, costume jewelry,	engagement rings, wed	lding rings, heirloom jewelry, watches, gems,	
	✓ No ☐ Yes	s. Describe				
13.		rm animals les: Dogs, cats,	birds, horses			
	✓ No ☐ Yes	s. Describe				
14.	did not	•	d household items yo	u did not already list, i	ncluding any health aids you	
		s. Give specific ormation				
15.			•	. •	y entries for pages you have	\$400.00
Pa	art 4:	Describe Y	our Financial Ass	sets		

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

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Deb	tor 1 SI	hauna	Lerinda	Walker	Case number (if known)	
	Fir	st Name	Middle Name	Last Name		
16.	Cash Examples:	Money you have	ve in your wallet, in y	our home, in a safe depo	sit box, and on hand when you file your	
	✓ No				Cash:	
	☐ 163					
17.	Deposits of Examples:	Checking, sav	ses, and other simila		of deposit; shares in credit unions, e multiple accounts with the same	
	✓ No ☐ Yes		Institutio	n name:		
18.			publicly traded stoo vestment accounts v	cks vith brokerage firms, mon	ey market accounts	
	✓ No ☐ Yes		Institution or issue	r name:		
19.	-		k and interests in ir rtnership, and joint	•	rporated businesses, including	
	inform	Give specific ation about	Name of entity:		% of ownership:	
20.	Governme Negotiable	ent and corpora instruments inc	ate bonds and other clude personal check	•	·	
	inform	Give specific ation about	Issuer name:			
21.		nt or pension action in IRA Interests in IRA profit-sharing p	A, ERISA, Keogh, 40	1(k), 403(b), thrift saving	s accounts, or other pension or	
	-	List each nt separately.	Type of account:	Institution name:		
			401(k) or similar pla	n: 401(k) or similar p	lan	\$100.00
22.	Your share Examples:		leposits you have ma		nue service or use from a company tric, gas, water), telecommunications	
	✓ No ☐ Yes			Institution name or indivi	dual:	
23.	_		a specific periodic pa	ayment of money to you,	either for life or for a number of years)	
	☑ No	•	Issuer name and d		, ,	
24.			IRA, in an account 29A(b), and 529(b)(1)		gram, or under a qualified state tuition program.	
	✓ No ☐ Yes		Institution name ar	nd description. Separate	ly file the records of any interests. 11 U.S.C. § 521(c)	
25.		juitable or futur cercisable for y		erty (other than anything	g listed in line 1), and rights or	
		Give specific ation about ther	n			

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Debt	tor 1	Shauna	Lerinda	Walker	Case number (if known)	
		First Name	Middle Name	Last Name		
26.	Examp	oles: Internet dom		ets, and other intellectual proceeds from royalties a		
		o es. Give specific ormation about th	em			
27.	Examp	oles: Building peri	and other general inta mits, exclusive license	-	n holdings, liquor licenses, professional lice	enses
		os. Give specific ormation about th	em			
Mon	ey or p	property owed to	you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax re	funds owed to y	ou			
	✓ No	s. Give specific i	nformation		Feder	ral: \$0.00
		out them, including already filed the	•		State:	\$0.00
	an	d the tax years			Local	\$0.00
29.	Examp		lump sum alimony, spo	ousal support, child suppo	ort, maintenance, divorce settlement, prope	rty settlement
	✓ No	o es. Give specific i	nformation		Alimony:	\$0.00
					Maintenance:	\$0.00
					Support:	\$0.00
					Divorce settlemen	nt: \$0.00
					Property settleme	ent: \$0.00
30.			es, disability insurance	payments, disability bene efits; unpaid loans you m	efits, sick pay, vacation pay, workers' ade to someone else	
	✓ No	o es. Give specific i	nformation			
31.	Examp			health savings account (l	HSA); credit, homeowner's, or renter's insur	rance
	Со	o es. Name the insumpany of each po d list its value	olicy	me:	Beneficiary:	Surrender or refund value:
32.	If you a	are the beneficiary		•	d surance policy, or are currently	
	✓ No	o es. Give specific i	nformation			
33.				you have filed a lawsuit	t or made a demand for payment to sue	
	✓ No	o es. Describe each	claim			
34.		contingent and u	ınliquidated claims o	f every nature, including	counterclaims of the debtor and	
	✓ No	o es. Describe each	claim			

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Deb	tor 1	Shauna First Name	Lerinda Middle Name	Walker Last Name	Case number (if known)	
35.	Any fina		ou did not already lis			
	✓ No ☐ Yes	. Give specific i	nformation			
36.	Add the	dollar value of	all of your entries fr		ny entries for pages you have	\$100.00
Б						real actate in Part 4
	art 5:	Describe Any	y business-keiat	ed Property You O	wn or Have an Interest In. List any	real estate in Part 1.
37.	Do you	own or have an	ny legal or equitable	interest in any busines	s-related property?	
	سنا	Go to Part 6. Go to line 38.				
						Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Accoun	ts receivable o	r commissions you a	Iready earned		, , , , , , , , , , , , , , , , , , ,
	✓ No	. Describe				
39	_		ishings, and supplies	s		
		es: Business-rel			copiers, fax machines, rugs, telephones,	
	✓ No ☐ Yes	. Describe				
40.	Machine	ery, fixtures, eq	juipment, supplies ye	ou use in business, and	d tools of your trade	
	✓ No ☐ Yes	. Describe				
41.	Invento	ry				
	✓ No ☐ Yes	. Describe				
42.	Interest	s in partnership	os or joint ventures			
	✓ No ☐ Yes	. Describe N	Name of entity:		% of ownership:	
43.	Custom	er lists, mailing	g lists, or other comp	ilations		
	✓ No ☐ Yes	. Do your lists No Yes. Des		dentifiable information	(as defined in 11 U.S.C. § 101(41A))?	
44.	Any bus	siness-related p	property you did not	already list		
	☑ No □ Yes	. Give specific i	nformation.			
45.			•		ny entries for pages you have	\$0.00
Pa				mercial Fishing-Re farmland, list it in Pa	elated Property You Own or Have a art 1.	n Interest In.
46.	Do you	own or have an	ny legal or equitable	interest in any farm- or	commercial fishing-related property?	
	سنا	Go to Part 7 Go to line 47.				

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Deb	tor 1	Shauna	Lerinda	Walker	Case number (if known)	
		First Name	Middle Name	Last Name		Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	Farm a		oultry, farm-raised fish			·
	✓ No					
48.	Crops-	-either growing	or harvested			
		s. Give specific				
49.	Farm a	and fishing equip	ment, implements, m	achinery, fixtures, and	tools of trade	
	✓ No ☐ Yes	S				
50.	Farm a	and fishing suppl	ies, chemicals, and f	eed		
	✓ No ☐ Ye					
51.	Any fa	rm- and commer	cial fishing-related pr	operty you did not alrea	ady list	
	_	s. Give specific				
52.				m Part 6, including any	entries for pages you have	\$0.00
Pa	art 7:	Describe All	Property You Ow	n or Have an Intere	st in That You Did Not List Abov	е
53.	•		perty of any kind you tts, country club memb	-		
	✓ No	s. Give specific i	nformation.			
54.	Add th	e dollar value of	all of your entries fro	m Part 7. Write that nu	mber here	\$0.00

Official Form 106A/B Schedule A/B: Property page 6

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Debtor 1	Shauna	Lerinda	Walker	Case nu	umber (if known)	
	First Name	Middle Name	Last Name			_
Part 8:	List the Tota	Is of Each Part of	this Form			
55. Part	1: Total real estate	e, line 2			 →	\$0.00
56. Part 2	2: Total vehicles, l	line 5		\$1,200.00		
57. Part :	3: Total personal a	and household items,	line 15	\$400.00		
58. Part	4: Total financial a	assets, line 36		\$100.00		
59. Part	5: Total business-	related property, line	45	\$0.00		
60. Part (6: Total farm- and	fishing-related prope	rty, line 52	\$0.00		
61. Part	7: Total other prop	perty not listed, line 5	4	+\$0.00		
62. Total	personal propert	y. Add lines 56 throu	gh 61	\$1,700.00	Copy personal property total	+\$1,700.00
63. Total	of all property on	Schedule A/B. Add	d line 55 + line 62.			\$1,700.00

Official Form 106A/B Schedule A/B: Property page 7

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Fill in this in	formation to i	dentify your o	case:			
Debtor 1	Shauna	Lerinda	Walker			
D 14 0	First Name	Middle Name	e Last Name			
Debtor 2 (Spouse, if filing)) First Name	Middle Name	e Last Name			
United States Ba	ankruptcy Court fo	r the: NORTHE	RN DISTRICT OF G	<u>3EO</u>	RGIA	☐ Check if this is an
Case number (if known)						amended filing
Official Form	n 106C					
Schedule C	: The Prope	erty You Cl	aim as Exemp	ot		04/
Using the property	you listed on <i>Scl</i> fill out and attach	hedule A/B: Prope to this page as m	erty (Official Form 106	6A/B)	as your source, list t	responsible for supplying correct information the property that you claim as exempt. If mosessary. On the top of any additional pages
is to state a speci exempted up to the receive certain be exemption of 100 property is determined.	ific dollar amoun he amount of any enefits, and tax-e % of fair market mined to exceed	at as exempt. Alt y applicable state exempt retiremer value under a la that amount, you	ternatively, you may utory limit. Some ex nt fundsmay be unli w that limits the exe	clair cemp imite mpti	n the full fair marke tionssuch as those d in dollar amount. on to a particular do	you claim. One way of doing so t value of the property being e for health aids, rights to However, if you claim an ollar amount and the value of the ble statutory amount.
	exemptions are	-	•		if your spouse is filing	g with you.
			kruptcy exemptions.	11 U.	.S.C. § 522(b)(3)	
_			J.S.C. § 522(b)(2)			
2. For any prop	perty you list on	Schedule A/B th	at you claim as exen	npt, f	ill in the information	n below.
Brief description Schedule A/B tha			Current value of the portion you own		ount of the mption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B		eck only one box for h exemption	
Brief description:			\$1,200,00	1	\$1,200.00	O.C.G.A. § 44-13-100(a)(3)
2004 Hyundai X	(G350		<u> </u>		100% of fair market	_
Line from Schedul	le A/B: 3.1				value, up to any applicable statutory limit	
Brief description:			\$300.00	$\overline{\mathbf{V}}$	\$300.00	O.C.G.A. § 44-13-100(a)(4)
furniture					100% of fair market	
Line from Schedul	le A/B:6				value, up to any applicable statutory limit	
				Ø	\$100.00	O.C.G.A. § 44-13-100(a)(4)
Brief description:			\$100.00			_
Brief description: clothing Line from <i>Schedul</i>	le A/B: 11		\$100.00		100% of fair market value, up to any applicable statutory limit	-

□ No □ Yes

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Debtor 1	Shauna First Name	Lerinda Middle Name	Walker Last Name	Case numbe	r (if known)
Part 2:	Additional	Page			
	ription of the pro A/B that lists this	perty and line on property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B	Check only one box for each exemption	
Brief descr 401(k) or	iption: similar plan		\$100.00	\$100.00 100% of fair market	O.C.G.A. § 44-13-100(a)(2.1)
Line from S	Schedule A/B:	21		value, up to any applicable statutory limit	

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Fill in this info	ormati	on to identif	y your case	e:			
Debtor 1	Shaun	na I	erinda.	Walker			
200101	First Nar		liddle Name	Last Name			
Debtor 2							
(Spouse, if filing)	First Nar	me M	liddle Name	Last Name			
United States Bar	nkruntov	Court for the	IORTHERN	DISTRICT OF GEORGI	Δ		
	ikiupicy	Oddit for the. I	OKTILIKI	DIOTRIOT OF GEORGI			
Case number (if known)						☐ Check if this is	an
()						amended filing	J
Official Form	106E)					
		-	Have Cl	aims Secured by	Property		12/15
Scriedale D.	Cicc	IIIOIS WIII	riave Ci	airiis Secured by	Troperty		12/13
correct informatio On the top of any 1. Do any credit ☐ No. Chee ☑ Yes. Fill	n. If mo addition cors hav ck this b in all of	ore space is ne nal pages, write e claims secur	eded, copy the your name a ed by your profise form to the below.	ied people are filing toge e Additional Page, fill it on the case number (if know operty? court with your other sche	out, number the entri n).	es, and attach it to thi	s form.
		s. If a creditor					
		separately for ea ar claim, list the			Column A Amount of claim	Column B Value of collateral	Column C Unsecured
much as poss	ible, list			er according to the	Do not deduct the	that supports this	portion
creditor's nam	e.				value of collateral	claim	If any
2.1				e property that	\$8,000.00	\$0.00	\$8,000.00
Cal Tenn			secures the		φο,υυυ.υυ	φυ.υυ	φο,σσσ.σσ
Creditor's name			- 2004 Hyur	ndai XG350			
1414 Dothan Rd Number Street			-				
			As of the da	ate you file, the claim is:	Check all that apply.		
Bainbridge	GA	39817	_ Unliquio				
City		ZIP Code	Dispute				
Who owes the debt ✓ Debtor 1 only	ot? Che	eck one.		en. Check all that apply.			
Debtor 2 only			_	ement you made (such as		car loan)	
Debtor 1 and D	ebtor 2	only		y lien (such as tax lien, me	echanic's lien)		
At least one of			. 🗀 🚉 "	ent lien from a lawsuit ncluding a right to offset)			
Check if this c	laim rel		Title Li				
Date debt was inc	urred	4/2015	Last 4 digit	s of account number			
			_	•			

Add the dollar value of your entries in Column A on this page. Write that number here:

\$8,000.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$8,000.00

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Fill in this inf	ormation to ide	ntify your case	:	
Debtor 1	Shauna First Name	Lerinda Middle Name	Walker Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court for th	e: NORTHERN D	ISTRICT OF GEORGIA	
Case number (if known)				Check if this is a amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.

☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.

Total claim Priority Nonpriority amount amount

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Debtor 1	Shauna	Lerinda	Walker	Case number (if known)
	First Name	Middle Name	Last Name	
Part 2:	List All of	Your NONPRIORI	TY Unsecured Clair	ms
r dire zi				
3. Do an	y creditors have	nonpriority unsecure	ed claims against you?	
		ning to report in this pa	art. Submit this form to the	e court with you other schedules.
\square	⁄es			
If a cre type o	editor has more the f claim it is. Do no	an one nonpriority uns ot list claims already in	secured claim, list the cred ncluded in Part 1. If more	der of the creditor who holds each claim. ditor separately for each claim. For each claim listed, identify what than one creditor holds a particular claim, list the other creditors in at the Continuation Page of Part 2.
				Total claim
4.1				¢600.00
_ لـــا	inl Control		Last 4 digits of acco	\$600.00 punt number 8 9 6 5
Nonpriority C	reditor's Name		When was the debt i	
Po Box 6	6044 Street			ile, the claim is: Check all that apply.
-			Contingent	.,,
			Unliquidated ☐ Disputed	
Anaheim		CA 92816	── ☑ Disputed	
City Who incur		State ZIP Code Check one.	•	ITY unsecured claim:
Debtor		oncok onc.	Student loans Obligations arisin	ng out of a separation agreement or divorce
Debtor	2 only			report as priority claims
_	1 and Debtor 2 or t one of the debto	•		or profit-sharing plans, and other similar debts
ш.		or a community debt	Other. Specify Account	
_	n subject to offse	-	Adddant	
✓ No ☐ Yes	•			
4.2				¢600.00
	inl Control		Last 4 digits of acco	\$600.00 punt number 7 7 6 8
Nonpriority C	reditor's Name		When was the debt i	<u> </u>
Po Box 6	6044 Street		As of the date you fi	ile, the claim is: Check all that apply.
			Contingent	, , , , , , , , , , , , , , , , , , , ,
			Unliquidated	
Anaheim		CA 92816	Disputed	
City Who incur		State ZIP Code Check one.	Type of NONPRIORI	ITY unsecured claim:
Debtor		oncok onc.	Student loans	ag out of a congration agreement or diverse
Debtor	•			ng out of a separation agreement or divorce report as priority claims
	1 and Debtor 2 or to the debto	,	☐ Debts to pension	n or profit-sharing plans, and other similar debts
_		or a community debt	Other. Specify	
_	n subject to offse		Account	
✓ No	ii aubject to onst	, t. i		
Yes				

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Shauna Lerinda Walker Case number (if known) Debtor 1 First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims -- Continuation Page Part 2: After listing any entries on this page, number them sequentially from the **Total claim** 4.3 \$223.00 Last 4 digits of account number 2 Convergent Outsourcing 0 Nonpriority Creditor's Name When was the debt incurred? 11/2014 800 Sw 39th St As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated Disputed Renton WA 98057 ZIP Code Citv State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only П Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify $\overline{\mathbf{Q}}$ ☐ Check if this claim is for a community debt Account Is the claim subject to offset? **☑** No Yes 4.4 \$503.00 Credit Management Lp Last 4 digits of account number 9 1 1 3 Nonpriority Creditor's Name When was the debt incurred? 01/2016 4200 International Pkwy As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed Carrollton TX 75007 ZIP Code Type of NONPRIORITY unsecured claim: Check one. Who incurred the debt? Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Account Is the claim subject to offset? **☑** No Yes 4.5 \$0.00 Last 4 digits of account number Credit One Bank Na 3 7 2 4 Nonpriority Creditor's Name When was the debt incurred? 10/09/2011 Po Box 98875 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated □ Disputed Las Vegas 89193 N۷ City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify \square Check if this claim is for a community debt **Credit Card** Is the claim subject to offset? No \square Yes

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Shauna Lerinda Walker Debtor 1 Case number (if known) First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims -- Continuation Page Part 2: After listing any entries on this page, number them sequentially from the **Total claim** 4.6 \$3,880.00 Dept Of Ed/navient Last 4 digits of account number 0 7 3 1 Nonpriority Creditor's Name When was the debt incurred? 07/2008 Po Box 9635 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Wilkes Barre PA 18773 City ZIP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only \square Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only П Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify $\overline{\mathbf{Q}}$ ☐ Check if this claim is for a community debt Educational Is the claim subject to offset? \square No Yes 4.7 \$27.51 **Highland Rivers CSB** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? 1401 Applewood Drive As of the date you file, the claim is: Check all that apply. Number Street Ste 1 Contingent Unliquidated Disputed **Dalton** 30720 GΑ ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other, Specify $\overline{\mathbf{Q}}$ Check if this claim is for a community debt **Medical Services** Is the claim subject to offset? **☑** No Yes 4.8 \$140.00 Last 4 digits of account number Medical Data Systems I 3 5 0 0 Nonpriority Creditor's Name When was the debt incurred? 02/2015 128 W Center Ave FI 2 Number As of the date you file, the claim is: Check all that apply. Street Contingent Unliquidated ✓ Disputed Sebring FL 33870 City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify \square Check if this claim is for a community debt Account Is the claim subject to offset? No \square Yes

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Debtor 1 Shauna Lerinda Walker Case number (if known) First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims -- Continuation Page Part 2: After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.9 \$654.00 Midland Funding Last 4 digits of account number 0 1 2 3 Nonpriority Creditor's Name When was the debt incurred? 11/2012 2365 Northside Dr Ste 30 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed San Diego CA 92108 ZIP Code State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only П Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify $\overline{\mathbf{Q}}$ ☐ Check if this claim is for a community debt Account Is the claim subject to offset? **☑** No Yes 4.10 \$6,733.00 Navient Last 4 digits of account number 0 1 Nonpriority Creditor's Name When was the debt incurred? 01/2008 Po Box 9500 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed Wilkes Barre PA 18773 ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other, Specify $\overline{\mathbf{Q}}$ Check if this claim is for a community debt Educational Is the claim subject to offset? **☑** No ☐ Yes 4.11 \$3,671.00 Last 4 digits of account number Navient 0 1 2 5 Nonpriority Creditor's Name When was the debt incurred? 01/2007 Po Box 9500 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated □ Disputed Wilkes Barre PA 18773 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify \square Check if this claim is for a community debt **Educational** Is the claim subject to offset? No \square Yes

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Debtor 1 Shauna Lerinda Walker Case number (if known) First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims -- Continuation Page Part 2: After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.12 \$3,653.00 Navient Last 4 digits of account number 0 1 25 Nonpriority Creditor's Name When was the debt incurred? 01/2007 Po Box 9500 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Wilkes Barre PA 18773 ZIP Code Citv State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only \square Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only П Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify $\overline{\mathbf{Q}}$ ☐ Check if this claim is for a community debt Educational Is the claim subject to offset? **☑** No Yes 4.13 \$2.950.00 Navient Last 4 digits of account number 0 5 1 5 Nonpriority Creditor's Name When was the debt incurred? 05/2008 Po Box 9500 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed Wilkes Barre PA 18773 ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other, Specify $\overline{\mathbf{Q}}$ Check if this claim is for a community debt Educational Is the claim subject to offset? **☑** No Yes 4.14 \$2,023.00 Last 4 digits of account number Navient 0 1 2 2 Nonpriority Creditor's Name When was the debt incurred? 01/2008 Po Box 9500 As of the date you file, the claim is: Check all that apply. Number Contingent Unliquidated □ Disputed Wilkes Barre PA 18773 City State ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify \square Check if this claim is for a community debt **Educational** Is the claim subject to offset? No \square Yes

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Debtor 1 Shauna Lerinda Walker Case number (if known) First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims -- Continuation Page Part 2: After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.15 \$1,224.00 Navient Last 4 digits of account number 0 8 Nonpriority Creditor's Name When was the debt incurred? 08/2007 Po Box 9500 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Wilkes Barre PA 18773 ZIP Code Citv State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only \square Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only П Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify $\overline{\mathbf{Q}}$ ☐ Check if this claim is for a community debt Educational Is the claim subject to offset? **☑** No Yes 4.16 \$78.00 Last 4 digits of account number Navient 0 9 0 6 Nonpriority Creditor's Name When was the debt incurred? 09/2007 Po Box 9500 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed Wilkes Barre PA 18773 ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other, Specify $\overline{\mathbf{Q}}$ Check if this claim is for a community debt Educational Is the claim subject to offset? **☑** No Yes 4.17 \$1,685.00 Last 4 digits of account number Ncc Business Svcs Inc 7 3 6 7 Nonpriority Creditor's Name When was the debt incurred? 11/2011 9428 Baymeadows Rd Ste 2 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated ✓ Disputed 32256 **Jacksonville** FL City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify \square Check if this claim is for a community debt Account Is the claim subject to offset? No \square Yes

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Shauna Lerinda Walker Debtor 1 Case number (if known) First Name Middle Name Last Name Your NONPRIORITY Unsecured Claims -- Continuation Page Part 2: After listing any entries on this page, number them sequentially from the **Total claim** previous page. 4.18 \$1,075.00 **Polk Medical Center** Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? c/o Michael Bryan As of the date you file, the claim is: Check all that apply. Number Street **PO** Box 107 Contingent Unliquidated Disputed Rome GA 30162 ZIP Code Citv State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. ☐ Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only П Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify ☐ Check if this claim is for a community debt **Medical Services** Is the claim subject to offset? No Yes 4.19 \$698.00 Portfolio Recovery Ass Last 4 digits of account number 0 2 4 0 Nonpriority Creditor's Name When was the debt incurred? 03/2016 120 Corporate Blvd Ste 1 As of the date you file, the claim is: Check all that apply. Number Street Contingent Unliquidated Disputed Norfolk VA 23502 ZIP Code Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only П that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify Check if this claim is for a community debt Account Is the claim subject to offset? **☑** No Yes 4.20 \$35.00 Last 4 digits of account number **Primary Health Care Center** Nonpriority Creditor's Name When was the debt incurred? 13570 North Main Street Number As of the date you file, the claim is: Check all that apply. Street Contingent Unliquidated □ Disputed **Trenton** GΑ 30752 City State Type of NONPRIORITY unsecured claim: Who incurred the debt? Check one. Student loans Debtor 1 only Obligations arising out of a separation agreement or divorce Debtor 2 only that you did not report as priority claims Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts At least one of the debtors and another Other. Specify \square Check if this claim is for a community debt **Medical Services** Is the claim subject to offset? No \square Yes

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Debtor 1	Shauna	Lerinda	Walker	Case number (if known)	
	First Name	Middle Name	Last Name		
Part 2:	Your NON	PRIORITY Unsecu	ıred Claims Conti	nuation Page	
After listing previous	• •	this page, number the	em sequentially from the	•	Total claim
4.21					\$3,475.00
	cover Llc		Last 4 digits of acco	unt number <u>9 2 5 1</u>	
	Creditor's Name 83 Ste 32		When was the debt i	ncurred? 04/2013	
Number	Street		As of the date you fi	le, the claim is: Check all that apply.	
			Contingent		
			Unliquidated		
Bensenv	rille	IL 60106	Disputed		
City		State ZIP Code	Type of NONPRIORI	TY unsecured claim:	
_ 5		Check one.	☐ Student loans		
ب	or 1 only or 2 only			g out of a separation agreement or divorce	
_	or 1 and Debtor 2 or	nly	•	eport as priority claims	
	st one of the debto	•		or profit-sharing plans, and other similar debts	
☐ Checl	k if this claim is fo	or a community debt	Other. Specify Account		
_	im subject to offse	-	Account		
⋈ No	•				
Yes					
4.00					
4.22					\$768.00
	Recovery Corp Creditor's Name)	Last 4 digits of acco		
612 Gay	_		When was the debt i	ncurred? <u>03/2013</u>	
Number	Street		As of the date you fi	le, the claim is: Check all that apply.	
			Contingent		
			Unliquidated✓ Disputed		
Knoxville		TN 37902			
City		State ZIP Code Check one.	Type of NONPRIORI	TY unsecured claim:	
	or 1 only	Check one.	☐ Student loans		
لك	or 2 only			g out of a separation agreement or divorce	
_	or 1 and Debtor 2 or	nly	•	eport as priority claims or profit-sharing plans, and other similar debts	
At leas	st one of the debto	rs and another	Other. Specify	or profit-straining plans, and other similar debts	
☐ Checl	k if this claim is fo	or a community debt	Account		
Is the clai	im subject to offse	et?			
☑ No					
Yes					

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Debtor 1	Shauna	Lerinda	Walker	Case number (if known)
	First Name	Middle Name	Last Name	· ,
Part 3:	List Others	s to Be Notified Al	oout a Debt Tha	t You Already Listed
For ex credite debts	ample, if a colle or in Parts 1 or 2 that you listed in	ction agency is trying c, then list the collection	to collect from you on agency here. Sin additional creditors	bankruptcy, for a debt that you already listed in Parts 1 or 2. for a debt you owe to someone else, list the original milarly, if you have more than one creditor for any of the here. If you do not have additional parties to be notified for
Slm Finan	cial Corp		On which en	try in Part 1 or Part 2 did you list the original creditor?
Name				((0)

onni i manciai coip			on which only in runt roll runt 2 and you not the original ordation.
Name Po Box 9500			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Educational Part 2: Creditors with Nonpriority Unsecured Claims
Wilkes Barre	PA	18773	Last 4 digits of account number 0 7 3 1
City	State	ZIP Code	
Syncb/walmart			On which entry in Part 1 or Part 2 did you list the original creditor?
Name Po Box 965024			Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street			Charge Account Part 2: Creditors with Nonpriority Unsecured Claims
			—— Last 4 digits of account number 0 2 4 0
Orlando	FL	32896	<u> </u>
City	Stata	ZID Codo	

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Debtor 1	Shauna	Lerinda	Walker	Case number (if known)	
	First Name	Middle Name	Last Name		

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim
Total claims from Part 1	6a.	Domestic support obligations	6a. \$0.00
	6b.	Taxes and certain other debts you owe the government	6b. \$0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c. \$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	^{6d.} +\$0.00
	6e.	Total. Add lines 6a through 6d.	6d. \$0.00
			Total claim
Total claims from Part 2	6f.	Student loans	6f. \$0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h. \$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	^{6i.} +\$34,695.51
	6j.	Total. Add lines 6f through 6i.	6j. \$34,695.51

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Fill in this information to identify your case:								
Debtor 1	Shauna	Lerinda	Walker					
	First Name	Middle Name	Last Name					
Debtor 2								
(Spouse, if filing)	First Name	Middle Name	Last Name					
United States Ba	nkruptcy Court f	or the: NORTHERN D	ISTRICT OF GEORG	iΑ				
	., .,							
Case number (if known)								
(II KIIOWII)								
Official Form	106G							
		v Controoto on	d Unavaired La					
Schedule G	Executor	y Contracts an	d Unexpired Le	ases				
Be as complete a	nd accurate as	possible. If two marrie	ed people are filing tog	ether, b				
correct information	n. If more space	ce is needed, copy the	additional page, fill it of	out, nur				
On the top of any	additional page	es, write your name an	d case number (if know	vn).				
1. Do you have	any executory	contracts or unexpired	d leases?					

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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Fill in this in	formation to i	dentify your case	:	
Debtor 1	Shauna	Lerinda	Walker	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing	g) First Name	Middle Name	Last Name	
United States B	ankruptcy Court fo	r the: NORTHERN D	DISTRICT OF GEORGIA	
Case number				- 0 1 7 7 1 1 1
(if known)				Check if this is an amended filing
				3
\(\frac{\pi}{2} = \frac{1}{2}	- 40CLI			
Official Forr	n 106H			
Schedule F	I: Your Code	ebtors		
wo married peo leeded, copy the	ple are filing toge e Additional Page	ther, both are equally , fill it out, and number	responsible for supplying corr	ns complete and accurate as possible. If rect information. If more space is the left. Attach the Additional Page to this n). Answer every question.
wo married peo needed, copy the page. On the top	ple are filing toge e Additional Page	ther, both are equally , fill it out, and numb al Pages, write your n	responsible for supplying corr er the entries in the boxes on th	rect information. If more space is le left. Attach the Additional Page to this n). Answer every question.
wo married peoneeded, copy the page. On the top Do you have No Yes Within the la	ple are filing toge e Additional Page o of any Additiona e any codebtors? ast 8 years, have	ther, both are equally, fill it out, and number all Pages, write your number (If you are filing a journ of the pour in the pou	y responsible for supplying correct the entries in the boxes on the lame and case number (if known wint case, do not list either spouse	rect information. If more space is the left. Attach the Additional Page to this in). Answer every question. as a codebtor.) (Community property states and territories
wo married peoneeded, copy the page. On the top Do you have No Yes Within the lainclude Arizo Yes. Do Yes. D	ple are filing toge e Additional Page o of any Additional e any codebtors? ast 8 years, have ona, California, Ida o to line 3. id your spouse, for	ther, both are equally, fill it out, and number all Pages, write your number (If you are filing a jour you lived in a community to be a community of the commun	y responsible for supplying correct the entries in the boxes on the name and case number (if known bint case, do not list either spouse unity property state or territory?	rect information. If more space is the left. Attach the Additional Page to this in). Answer every question. as a codebtor.) (Community property states and territories is, Washington, and Wisconsin.)
wo married peoneeded, copy the page. On the top Do you have No Yes Within the lainclude Arizo	ple are filing toge e Additional Page o of any Additional e any codebtors? ast 8 years, have ona, California, Ida o to line 3. id your spouse, for	ther, both are equally, fill it out, and number all Pages, write your number (If you are filing a jour you lived in a community to be a community of the commun	responsible for supplying correct the entries in the boxes on the name and case number (if known bint case, do not list either spouse unity property state or territory?	rect information. If more space is the left. Attach the Additional Page to this in). Answer every question. as a codebtor.) (Community property states and territories is, Washington, and Wisconsin.)

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Column 1: Your codebtor

Official Form 106H Schedule H: Your Codebtors page 1

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Fill in this infor	mation to identif	y your case:					
Debtor 1	Shauna	Lerinda	Walker				
	First Name	Middle Name	Last Name			Che	eck if this is:
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name				An amended filing
	kruptcy Court for the:		DISTRICT OF G	EORG	IA		A supplement showing postpetition chapter 13 income as of the following date
Case number (if known)				_			
Official Form 1	061					_	MM / DD / YYYY
Schedule I: Yo							12/15
include information about your spouse. your name and case	about your spouse. If more space is nee	If you are separ ded, attach a se Answer every q	ated and your spo parate sheet to th	ouse is	not filing	with y	spouse is living with you, rou, do not include information any additional pages, write
Fill in your emp information.	loyment		Debtor 1				Debtor 2 or non-filing spouse
If you have more job, attach a sep with information and additional emplored	arate page Emplo about	yment status	✓ Employed Not employ Cashier	ed			☐ Employed ☐ Not employed
Include part-time or self-employed		yer's name	Walmart				
Occupation may student or home applies.		yer's address	802 SW 8th St Number Street	reet			Number Street
			Bentonville			716	City State Zip Code
	How I	ong employed th	City nere? 1.5 yea		State Zip	Code	City State Zip Code
Part 2: Civo							
	Details About Mo						
Estimate monthly incon-filing spouse unle			 If you have noth 	ning to r	eport for a	any line	e, write \$0 in the space. Include your
If you or your non-filin you need more space			er, combine the inf	ormatio	n for all e	mploye	rs for that person on the lines below. If
	·			F	or Debto	or 1	For Debtor 2 or non-filing spouse
	oss wages, salary, ans). If not paid monthl			2.	\$1,4	62.00	. <u> </u>
3. Estimate and lis	st monthly overtime	oay.		3. 🛨		\$0.00	
4. Calculate gross	income. Add line 2	+ line 3.		4.	\$1,4	62.00	

Official Form 106l Schedule I: Your Income page 1

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Deb	tor 1	Shauna	Lerinda	Walker		Case nu	mber (if k	known)	
		First Name	Middle Name	Last Name	F	or Debtor 1		ebtor 2 or iling spouse	
	Сор	y line 4 here			4.	\$1,462.00			-
5.	List	all payroll dec	ductions:		•				
	5a.	Tax, Medicare	e, and Social Security de	eductions	5a.	\$236.00			
		•	ontributions for retireme	•	5b.	\$0.00			
		-	ntributions for retiremen	•	5c.	\$14.00			
			ayments of retirement fu	ind loans	5d	\$0.00			
		Insurance	anaut ablications		5e.	\$84.00 \$0.00			
	5f.	Union dues	oport obligations		5f.	\$0.00			
	·	Other deduct	ions.		5g	Ψ0.00			
	•	Specify:			5h. +	\$0.00			
6.	Add 5g +		eductions. Add lines 5a	1 + 5b + 5c + 5d + 5e + 5f +	6.	\$334.00			
7.	Calc	culate total mo	onthly take-home pay.	Subtract line 6 from line 4.	7.	\$1,128.00			
8.			me regularly received:						
	8a.		rom rental property and f ofession, or farm	from operating a	8a. .	\$0.00			
		gross receipts	ment for each property an , ordinary and necessary h hly net income.	•					
	8b.	Interest and o	dividends		8b.	\$0.00			
	8c.		ort payments that you, a gularly receive	non-filing spouse, or a	8c.	\$0.00			
			ny, spousal support, child ment, and property settlem						
	8d.	Unemployme	nt compensation		8d.	\$0.00			
	8e.	Social Securi	ity		8e.	\$0.00			
	8f.	Include cash a cash assistand (benefits under or housing sub	ment assistance that you assistance and the value (ce that you receive, such a rethe Supplemental Nutritionsidies.	if known) or any non- as food stamps					
		Specify:			8f. -	\$0.00			
	•		etirement income		8g.	\$0.00			
	8h.	Other month! Specify: Foo			8h. 🛨	\$301.00			
9.	٨٨٨		•	8c + 8d + 8e + 8f + 8g + 8h.	9. T	\$301.00			
J.	Auu	an other moo	me. Add mics da + ob + o	50 + 60 + 60 + 61 + 69 + 611.	٠	φ301.00			
10.			r income. Add line 7 + linine 10 for Debtor 1 and De	ne 9. ebtor 2 or non-filing spouse.	10.	\$1,429.00	+		= \$1,429.00
11.	Inclu		ns from an unmarried parti	expenses that you list in S ner, members of your househ			ur roomm	nates, and oth	er
	Do r	not include any	amounts already included	I in lines 2-10 or amounts tha	t are not	available to pay	expense	s listed in Sch	iedule J.
	Spe	cify:						11.	+ \$0.00
12.	inco			10 to the amount in line 11. of Your Assets and Liabilities					\$1,429.00 Combined
13.	Do v	ou expect an	increase or decrease wi	thin the year after you file t	his form	?			monthly income
		No. Yes. Explain:	None.						

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F	ill in this inforn	nation to iden	tify your case:			Cho	eck if this	vie:		
	Debtor 1	Shauna	Lerinda	Walk	er			ended filing		
	Dahtar 0	First Name	Middle Name	Last Na	ame	=	A supp	lement showing r 13 expenses a		
	Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Na	ame			ng date:		
	United States Bankı	ruptcy Court for th	e: NORTHERN DI	STRICT O	F GEORGIA		MM / D	D / YYYY	_	
	Case number (if known)	-								
<u>O</u> 1	fficial Form 10)6J								
So	chedule J: Yo	our Expense	es						12/1	5
nai	rrect information. I	f more space is r	ble. If two married peneeded, attach anothenswer every question.	er sheet to t		-				
1.	Is this a joint cas									_
2.	☐ No	Debtor 2 live in a	separate household? file Official Form 106J- 1 No		s for Separate House	hold o	f Debtor	2.		
	Do not list Debtor	Ë	Yes. Fill out this inf		Dependent's relat Debtor 1 or Debto		p to	Dependent's age	Does dependen live with you?	ıt
	Debtor 2.		for each dependent		. Design 1 of Design			ugo	□ No	_
	Do not state the donames.	ependents'							Yes No Yes No	
									-	
3.	Do your expense expenses of peop yourself and you	ple other than	✓ No ☐ Yes							
P	Part 2: Estima	ate Your Ongo	oing Monthly Exp	enses						
to i	•	of a date after th	nkruptcy filing date une bankruptcy is filed	•	•			•		
	•		sh government assis on Schedule I: Your Ir	-				Your expens	ses	
4.			penses for your resid d any rent for the grour				4	4	\$381.00	_
	If not included in	line 4:								
	4a. Real estate ta	axes					4	4a		_
	4b. Property, hor	meowner's, or rent	er's insurance				4	4b		-
	4c. Home mainte	enance, repair, and	d upkeep expenses				4	4c		_
	4d. Homeowner's	s association or co	ondominium dues				4	4d		_

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Debtor 1 Shauna Lerinda Walker Case number (if known)
First Name Middle Name Last Name

		Your expen	ses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a.	\$100.00
	6b. Water, sewer, garbage collection	6b.	
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$44.00
	6d. Other. Specify:	6d.	
7.	Food and housekeeping supplies		\$301.00
8.	Childcare and children's education costs	8.	
9.	Clothing, laundry, and dry cleaning	9.	\$20.00
10.	Personal care products and services	10.	·
11.	- · · · · · · · · · · · · · · · · · · ·	11.	\$25.00
12.	Transportation. Include gas, maintenance, bus or train	12.	\$54.00
	fare. Do not include car payments.		ψο που
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	
14.	Charitable contributions and religious donations	14	
15.	Insurance.		
	Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a	
	15b. Health insurance	15b	
	15c. Vehicle insurance	15c	\$41.00
	15d. Other insurance. Specify: payments to Rent-a-Center	15d	\$127.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a	
	17b. Car payments for Vehicle 2	17b	
	17c. Other. Specify:	17c	
	17d. Other. Specify:	17d	
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	
19.	Other payments you make to support others who do not live with you. Specify:	19.	
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.		
	20a. Mortgages on other property	20a	
	20b. Real estate taxes	20b	
	20c. Property, homeowner's, or renter's insurance	20c.	
	20d. Maintenance, repair, and upkeep expenses	20d.	
	20e. Homeowner's association or condominium dues	20e.	

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Deb	otor 1	Shauna	Lerinda	Walker	Case number (if know	vn)
		First Name	Middle Name	Last Name		
21.	Othe	er. Specify: _			21.	+
22.	Calc	ulate your mo	nthly expenses.			
	22a.	Add lines 4 to	hrough 21.		22a.	\$1,093.00
	22b.	Copy line 22	(monthly expenses for Debt	or 2), if any, from Official Forr	m 106J-2. 22b.	
	22c.	Add line 22a	and 22b. The result is your	monthly expenses.	22c.	\$1,093.00
23.	Calc	ulate your mo	nthly net income.			
	23a.	Copy line 12	(your combined monthly inc	ome) from Schedule I.	23a.	\$1,429.00
	23b.	Copy your m	onthly expenses from line 22	2c above.	23b.	\$1,093.00
	23c.		r monthly expenses from yo your monthly net income.	ur monthly income.	23c.	\$336.00
24.	Do y	ou expect an	increase or decrease in yo	ur expenses within the year	after you file this form?	
				your car loan within the year or modification to the terms of yo	or do you expect your mortgage our mortgage?	
	$\overline{\mathbf{A}}$	No				
		Yes. Explain I	nere:			
		1				

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Fill in this information to identify your case:						
Debtor 1	Shauna	Lerinda	Walker			
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse, if filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court fo	or the: NORTHERN D	ISTRICT OF GEOR	GIA		
Case number						
(if known)						

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

P	art 1: Summarize Your Assets	
		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	·
	1a. Copy line 55, Total real estate, from Schedule A/B	\$0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$1,700.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$1,700.00
P	art 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$8,000.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+\$34,695.51
	Your total liabilities	\$42,695.51
P	art 3: Summarize Your Income and Expenses	
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$1,429.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$1,093.00

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Del	btor 1	Shauna First Name	Lerinda Middle Name	Walker Last Name	Case number (if known)	
P	art 4:				nd Statistical Records	
6.	Are y	ou filing for bank	ruptcy under Chapter	s 7, 11, or 13?		
		No. You have noth Yes	ning to report on this pa	rt of the form. Check th	is box and submit this form to the court with your other sched	lules.
7.	What	kind of debt do y	ou have?			
	بن	•	•		e those "incurred by an individual primarily for a personal, 8-9g for statistical purposes. 28 U.S.C. § 159.	
			ot primarily consumer ort with your other sche		ng to report on this part of the form. Check this box and subn	nit
8.				y Income: Copy your to Line 11; OR , Form 1220	tal current monthly income from C-1 Line 14.	,462.00
ο.	Conv	the following en	noial catogories of cla	ime from Part 4 line 6	of Schodula E/E:	

	Total claim
From Part 4 on Schedule E/F, copy the following:	
9a. Domestic support obligations. (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$0.00
9g. Total. Add lines 9a through 9f.	\$0.00

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Fill in this info	ormation to ic	lentify your case	:	
Debtor 1	Shauna	Lerinda	Walker	
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	_
United States Bar	nkruptcy Court for	the: NORTHERN D	ISTRICT OF GEORGIA	_
Case number (if known)				Check if this is an amended filing
Official Form	106Dec			
	_	ndividual Debt	or's Schedules	12/15
\$250,000, or impri			y fraud in connection with 18 U.S.C. §§ 152, 1341, 15 [.]	a bankruptcy case can result in fines up to 19, and 3571.
Did you pay o	or agree to pay s	omeone who is NOT	an attorney to help you fill	out bankruptcy forms?
☑ No				
Yes. Na	ame of person			Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
Under penalty true and corre		clare that I have read	the summary and schedu	les filed with this declaration and that they are
Y /e/ Shaun	a I arinda Walk	or.	Y	

Signature of Debtor 2

MM / DD / YYYY

Date

Shauna Lerinda Walker, Debtor 1

MM / DD / YYYY

Date 08/15/2016

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Debtor 1	Shauna First Name	Lerinda Middle Nam	Walker le Last Name			
Debtor 2	First Name	Medalla Mara	LastNama			
(Spouse, if filing	First Name	Middle Nam	e Last Name			
United States Ba	nkruptcy Court fo	or the: NORTHE	ERN DISTRICT OF	GEORGIA		
Case number (if known)					Check if amende	this is an d filing
Official Form	107					·
Statement of	f Financial	Affairs for	r Individuals F	iling for Bankr	uptcy	04/16
	ve Details Ab		rital Status and W	/here You Lived B	efore	
Part 1: Gi . What is you Married Not marr	ve Details About current marital	status?	rital Status and W		efore	
Part 1: Gi . What is your Married Not marr During the la	current marital ed sst 3 years, have	status? you lived anyw	here other than whe			
Part 1: Gi . What is your Married Not marr During the la	current marital ed sst 3 years, have	status? you lived anyw	there other than where ast 3 years. Do not in Dates Debtor 1	re you live now?		Dates Debtor 2
Part 1: Gi . What is your Married Not marr During the la	current marital ed sst 3 years, have	status? you lived anyw	there other than when ast 3 years. Do not in	re you live now? clude where you live no	ow.	lived there
Part 1: Gi . What is your Married Not marr During the la	current marital ed est 3 years, have	status? you lived anyw	there other than where ast 3 years. Do not in Dates Debtor 1	re you live now? clude where you live no Debtor 2:	ow.	lived there
Part 1: Gi . What is your . Married . Not married . During the la . No . Yes. Lis Debtor 1:	current marital ed est 3 years, have	status? you lived anyw	here other than when ast 3 years. Do not in Dates Debtor 1 lived there	re you live now? clude where you live no Debtor 2:	ow.	lived there Same as Debtor
Part 1: Gi . What is your . Married . Not married . During the la . No . Yes. Lis Debtor 1:	current marital ed sst 3 years, have all of the places	status? you lived anyw you lived in the I	where other than when ast 3 years. Do not in Dates Debtor 1 lived there	re you live now? clude where you live no Debtor 2: Same as Debt	ow.	lived there Same as Debtor 1 From

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Deb	tor 1	Shauna First Name	Lerinda Middle Name	Walker	Case number (if known)
		1		Last Name	
Pa	art 2:	Explain	the Sources of You	r Income	
4.	Fill in the	e total amo	unt of income you received	I from all jobs and all bu	usiness during this year or the two previous calendar years? sinesses, including part-time activities. ether, list it only once under Debtor 1.
	☑ No □ Yes	. Fill in the	details.		
5.	Include unemplo	income reg syment; and obling and l	d other public benefit paym	ome is taxable. Examp ents; pensions; rental ir	vious calendar years? es of other income are alimony; child support; Social Security; icome; interest; dividends; money collected from lawsuits; royalties; have income that you received together, list it only once under
	List eacl	h source ar	nd the gross income from e	ach source separately.	Do not include income that you listed in line 4.
	✓ No ☐ Yes	. Fill in the	details.		
Pa	art 3:	List Ce	rtain Payments You	Made Before You	Filed for Bankruptcy
6.	Are eith	er Debtor	1's or Debtor 2's debts pr	imarily consumer deb	es?
	□ No.		Debtor 1 nor Debtor 2 ha d by an individual primarily	•	debts. Consumer debts are defined in 11 U.S.C. § 101(8) as r household purpose."
		During th	ne 90 days before you filed	for bankruptcy, did you	pay any creditor a total of \$6,425* or more?
		□ No.	Go to line 7.		
		Yes.	total amount you paid that	creditor. Do not includ	of \$6,425* or more in one or more payments and the e payments for domestic support obligations, such as ayments to an attorney for this bankruptcy case.
		* Subjec	t to adjustment on 4/01/19	and every 3 years after	that for cases filed on or after the date of adjustment.
	✓ Yes	. Debtor 1	1 or Debtor 2 or both have	e primarily consumer o	lebts.
		During th	ne 90 days before you filed	for bankruptcy, did you	pay any creditor a total of \$600 or more?
			Go to line 7.		
		Yes.	List below each creditor to creditor. Do not include p Also, do not include paym	ayments for domestic s	of \$600 or more and the total amount you paid that upport obligations, such as child support and alimony. his bankruptcy case.
7.	Insiders corporat agent, ir	include you ions of which acluding on	ur relatives; any general pa ch you are an officer, direc	artners; relatives of any tor, person in control, or	ment on a debt you owed anyone who was an insider? general partners; partnerships of which you are a general partner; owner of 20% or more of their voting securities; and any managing 11 U.S.C. § 101. Include payments for domestic support obligations
	✓ No ☐ Yes	. List all pa	syments to an insider.		

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Deb	tor 1	Shauna	Lerinda	Walker	Case number (if	known) _			
		First Name	Middle Name	Last Name					
8.		1 year before you fi ed an insider?	led for bankruptcy	y, did you make any pa	ayments or transfer any prop	perty on a	ccount of a	debt th	nat
	Include	payments on debts	guaranteed or cosi	gned by an insider.					
	⋈ No								
		. List all payments t	hat benefited an in	sider.					
	ш								
Pa	art 4:	Identify Legal	Actions, Repo	ssessions, and Fo	oreclosures				
_	\A/:4h::n	Luces before you fi	lad for bonkerinter					د مانام م	
9.					any lawsuit, court action, or ons, divorces, collection suits		-	_	custody
		ations, and contract	0. , ,	cases, sinali cialins acti	ons, divorces, conection suits	, paterrity	actions, sup	port or t	cusiouy
			a.op a.oo.						
	□ No								
	∀ Yes	. Fill in the details.							
Cas	e title		Nature of the	he case	Court or agency		Si	tatus of	f the case
		al Center vs Sha		10 0000	Polk County Supe	rior COu			
		ai ociiici va oila	unu		Court Name	1101 000		— ☑	Pending
· · ·	ii.oi				100 Prior St				On appeal
	Part 4: D. Within 1 List all su modificati No Yes. Case title Polk Medica Walker Case number				Number Street			— ⊔	Голтарреал
Cas	e numbe	r 2016CV596M			Ste 106			□	Concluded
					Cedartown	GA	30125		
					City	State	ZIP Code	_	
					,				
10.	Within	1 year before you fi	led for bankruptcy	y, was any of your pro	perty repossessed, foreclos	ed, garnis	shed, attach	ed,	
		or levied?							
	Check a	all that apply and fill i	in the details below	'.					
		Go to line 11							
		Go to line 11. Fill in the informat	ion holow						
	☐ Yes	. Fiii iii tile iiiiOiiiiat	ion below.						
11.		•	•	cy, did any creditor, in ake a payment becaus	cluding a bank or financial i e you owed a debt?	institution	, set off any	1	
	✓ No Yes	. Fill in the details.							
12.				y, was any of your pro odian, or another offic	perty in the possession of a ial?	n assigne	e for the be	nefit of	
	✓ No ☐ Yes								

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Deb	otor 1	Shauna First Name	Lerinda Middle Name	Walker Last Name	Case number (if k	nown)	
P	art 5:	List Certai	n Gifts and Cor	ntributions			
13.	Within	2 years before y	ou filed for bankr	ıptcy, did you give any gif	ts with a total value of more t	han \$600 per perso	on?
	✓ No	s. Fill in the deta	ils for each gift.				
14.		2 years before y charity?	ou filed for bankri	uptcy, did you give any gif	ts or contributions with a tota	al value of more tha	an \$600
	✓ No		ils for each gift or c	ontribution.			
P	art 6:	List Certain	n Losses				
15.		1 year before yo		otcy or since you filed for	bankruptcy, did you lose any	thing because of th	neft, fire,
	✓ No	s. Fill in the deta	ils.				
P	art 7:	List Certain	n Payments or	Transfers			
16.	anyon	e you consulted	about seeking bar	kruptcy or preparing a ba	se acting on your behalf pay on knuptcy petition? ng agencies for services require		
	□ No ✓ Ye	os. Fill in the deta	ils.				
		dit & Debt Cour Was Paid	nseling	•	f any property transferred iates on behalf of debtor	Date payment or transfer was made	Amount of payment
Num	ber S	treet		-		8/10/16	\$25.00
				-			
City		Sta	ate ZIP Code				
Ema	il or webs	site address					
Pers	on Who	Made the Payment, i	f Not You				
		uptcy Court Was Paid			f any property transferred ed by Berry & Asociates	Date payment or transfer was made	Amount of payment
Num	iber S	treet				8/10/16	\$310.00
City		Sta	ate ZIP Code	•			
Ema	il or web	site address		-			
Pers	on Who	Made the Payment, i	f Not You				

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Deb	tor 1	Shauna	Lerinda	Walker	Case number (if known)
17.					else acting on your behalf pay or transfer any property to make payments to your creditors?
	Do not i	nclude any payment	or transfer that yo	u listed on line 16.	
	✓ No ☐ Yes	. Fill in the details.			
18.				cy, did you sell, trac of your business or	e, or otherwise transfer any property to anyone, other than financial affairs?
		•		ade as security (such e already listed on thi	as granting of a security interest or mortgage on your property). s statement.
	✓ No ☐ Yes	. Fill in the details.			
19.				tcy, did you transfe	r any property to a self-settled trust or similar device of which devices.)
	✓ No ☐ Yes	. Fill in the details.			
Pa	art 8:	List Certain F	inancial Accοι	ınts, Instrument	s, Safe Deposit Boxes, and Storage Units
20.		year before you fi		•	l accounts or instruments held in your name, or for your
		0. 0.	•	ther financial accoun ions, and other financial	ts; certificates of deposit; shares in banks, credit unions, brokerage cial institutions.
	✓ No ☐ Yes	. Fill in the details.			
21.	-	now have, or did yourities, cash, or oth	-	year before you filed	for bankruptcy, any safe deposit box or other depository
	✓ No ☐ Yes	. Fill in the details.			
22.	-	ou stored property	n a storage unit o	or place other than y	our home within 1 year before you filed for bankruptcy?
	✓ No ☐ Yes	. Fill in the details.			
Pa	art 9:	Identify Prope	rty You Hold o	or Control for So	meone Else
23.	-	hold or control any in trust for someor		meone else owns?	Include any property you borrowed from, are storing for,
	✓ No ☐ Yes	. Fill in the details.			

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Deb	otor 1	Shauna	Lerinda	Walker	Case number (if known)
		First Name	Middle Name	Last Name	
P	art 10:	Give Detai	Is About Environ	mental Information	on
For	the pur	pose of Part 10	the following definiti	ons apply:	
ı	hazardo	us or toxic sub	stance, wastes, or ma	terial into the air, lar	egulation concerning pollution, contamination, releases of ad, soil, surface water, groundwater, or other medium, substances, wastes, or material.
		-	n, facility, or property , operate, or utilize it,		y environmental law, whether you now own, operate, or ites.
			ans anything an envii naterial, pollutant, co		s as a hazardous waste, hazardous substance, toxic item.
Rep	oort all r	notices, release	s, and proceedings th	at you know about, ı	egardless of when they occurred.
24.	Has ar law?	ny governmenta	I unit notified you tha	t you may be liable o	r potentially liable under or in violation of an environmental
	✓ No	s. Fill in the deta	ails.		
25.	☑ No	-	governmental unit of	any release of haza	dous material?
26.	Have y		ı in any judicial or adı	ministrative proceed	ng under any environmental law? Include settlements and
	✓ No	s. Fill in the deta	ails.		
P	art 11:	Give Detai	ls About Your Bu	siness or Conne	ctions to Any Business
27.	Within busine	-	you filed for bankrup	tcy, did you own a b	usiness or have any of the following connections to any
		A member of a A partner in a An officer, dire	a limited liability compa	ny (LLC) or limited lia	
	-		pove applies. Go to Pa t apply above and fill in		each business.
28.		-	you filed for bankrup is, creditors, or other		nancial statement to anyone about your business? Include
	□ No	s. Fill in the deta	ails below.		

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Debtor 1	Shauna	Lerinda	Walker	Case number (if known)
	First Name	Middle Name	Last Name	
Part 12	Sign Belov	v		
that answer	ers are true and c by fraud in connec	orrect. I understand	that making a false state	tachments, and I declare under penalty of perjury ement, concealing property, or obtaining money or es up to \$250,000, or imprisonment for up to 20 years,
X /s/ Sha	una Lerinda Wa	alker	x	tor 2
Shauna	Lerinda Walker, [Debtor 1	Signature of Deb	tor 2
Date _	08/15/2016		Date	
Did you at	tach additional pa	ages to Your Stateme	nt of Financial Affairs fo	r Individuals Filing for Bankruptcy (Official Form 107)?
✓ No ☐ Yes				
Did you pa	ay or agree to pay	someone who is not	an attorney to help you	fill out bankruptcy forms?
☑ No				
_	Name of person			Attach the Bankruptcy Petition Preparer's Notice,
		·	·	Declaration, and Signature (Official Form 119).

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B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA ROME DIVISION

In	re Shauna Lerinda Walker	Case No.	
		Chapter	13
	DISCLOSURE OF COMPENSATION OF ATTORI	NEY FOR	DEBTOR
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the a that compensation paid to me within one year before the filing of the petition in bar services rendered or to be rendered on behalf of the debtor(s) in contemplation of is as follows:	nkruptcy, or a	agreed to be paid to me, for
	For legal services, I have agreed to accept	\$2	1,000.00
	Prior to the filing of this statement I have received		\$0.00
	Balance Due	\$4	1,000.00
2.	The source of the compensation paid to me was:		
	✓ Debtor Other (specify)		
3.	The source of compensation to be paid to me is:		
	✓ Debtor Other (specify)		
4.	☑ I have not agreed to share the above-disclosed compensation with any other associates of my law firm.	person unle	ss they are members and
	☐ I have agreed to share the above-disclosed compensation with another personassociates of my law firm. A copy of the agreement, together with a list of the compensation, is attached.		
5.	In return for the above-disclosed fee, I have agreed to render legal service for all a	aspects of th	e bankruptcy case, including:
	a. Analysis of the debtor's financial situation, and rendering advice to the debtor in bankruptcy;	n determinin	g whether to file a petition in
	b. Preparation and filing of any petition, schedules, statements of affairs and plan	which may b	pe required;
	c. Representation of the debtor at the meeting of creditors and confirmation heari	ng, and any	adjourned hearings thereof;
	d. [Other provisions as needed]		
	Stop creditor actions against client Pre confirmation Motion to Extend or Impose Stay		

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B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Motion to Retain (\$450)

Amend or Modify schedules (\$300)

Plan Modification (\$300)

Lien Avoidance (\$300)

Objection to Claim (\$350)

Resolving Motion for Relief from Stay (\$450)

Motion to Suspend of Excuse Plan Payments (\$350)

Motion to Sell Property (\$500)

Motion to Compromise Claim (\$500)

Application to Employ Professional (\$400)

Motion to Refinance Property or Motion to Incur (\$500)

Resolving Motions to Dismiss (\$350)

Resolving Creditor or Trustee Motions to Modify Plan (\$150)

Motion to Sever or Dismiss as to one joint Debtor (\$300)

Motion to Reopen or to Vacate Dismissal Order (\$500)

Motion to Reimpose Stay (\$500)

Adversary Proceeding (\$375/hour)

Miscellaneous Action (\$400)

- 7. If this is a Chapter 13 proceeding, I certify that I have provided the debtor with the statement entitled "Rights and Responsibilities".
- 8. In addition to the attorney fees agreed upon above, Berry & Associates seeks an additional \$358.00 advanced to the Debtor for filing, credit report and counseling, and tax transcript fees.
- 9. In addition to the overall fee structure, in the event that the case is dismissed or converted to a chapter 7 proceeding the chapter 13 trustee shall deliver to Debtor's Counsel the unpaid amount of the agreed upon fees up to:
- (i) \$2,000.00 upon a pre-confirmation conversion or dismissal;
- (ii) the allowed fees upon a post-confirmation conversion or dismissal

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding. Pursuant to General Order No. 9, I certify that I provided to the Debtor a copy of the "Rights and Responsibilities Statement Between Chapter 13 Debtors and Their Attorneys".

08/15/2016 /s/ Matthew T. Berry

Date

Matthew T. Berry Berry & Associates 2751 Buford Hwy Suite 600

Atlanta, GA 30324

Phone: (404) 235-3300 / Fax: (404) 235-3333

Bar No. 055663

Cal Tenn 1414 Dothan Rd Bainbridge, GA 39817

Central Finl Control Po Box 66044 Anaheim, CA 92816

Convergent Outsourcing 800 Sw 39th St Renton, WA 98057

Credit Management Lp 4200 International Pkwy Carrollton, TX 75007

Credit One Bank Na Po Box 98875 Las Vegas, NV 89193

Dept Of Ed/navient Po Box 9635 Wilkes Barre, PA 18773

Highland Rivers CSB 1401 Applewood Drive Ste 1 Dalton, GA 30720

Medical Data Systems I 128 W Center Ave Fl 2 Sebring, FL 33870

Midland Funding 2365 Northside Dr Ste 30 San Diego, CA 92108 Navient Po Box 9500 Wilkes Barre, PA 18773

Ncc Business Svcs Inc 9428 Baymeadows Rd Ste 2 Jacksonville, FL 32256

Polk Medical Center c/o Michael Bryan PO Box 107 Rome, GA 30162

Portfolio Recovery Ass 120 Corporate Blvd Ste 1 Norfolk, VA 23502

Primary Health Care Center 13570 North Main Street Trenton, GA 30752

Rent Recover Llc 729 N Rt 83 Ste 32 Bensenville, IL 60106

Revenue Recovery Corp 612 Gay St Knoxville, TN 37902

Slm Financial Corp Po Box 9500 Wilkes Barre, PA 18773

Syncb/walmart Po Box 965024 Orlando, FL 32896

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	nformation to laer	tify your case:			Check as	directed in lines 17	and 21:
Debtor 1	Shauna	Lerinda	Walker		11	the calculations required	by this
	First Name	Middle Name	Last Name		Statement:	hl- : :	:I
Debtor 2 (Spouse, if filing	ng) First Name	Middle Name	Last Name			ble income is not determi 1 U.S.C. § 1325(b)(3).	inea
	Bankruptcy Court for the	e: NORTHERN DI	STRICT OF GEOR	GIA		able income is determined 1 U.S.C. § 1325(b)(3).	I
Case number					3. The con	nmitment period is 3 years	s.
(if known)					4. The con	nmitment period is 5 years	S.
Official For	m 122C-1				☐ Check if t	his is an amended filing	
Chapter 13	3 Statement of			ome			
and Calcu	lation of Comm	itment Perio	d				12/1
	Calculate Your Ave						
1. What is yo	ur marital and filing st	atus? Check one or	nly.				
✓ Not m	arried. Fill out Column	A, lines 2-11.					
Marrie	ed. Fill out both Column	s A and B, lines 2-1	1.				
	average monthly incom	ne that you receive					
August 31.	If the amount of your m	1(10A). For example nonthly income varied come amount more	le, if you are filing on ed during the 6 month than once. For exan	Septembers, add the nple, if both	er 15, the 6-mont income for all 6 th spouses own t	th period would be March months and divide the to he same rental property, p	1 through tal by 6. Fill
August 31.	If the amount of your mat. Do not include any in	1(10A). For example nonthly income varied come amount more	le, if you are filing on ed during the 6 month than once. For exan	Septembers, add the nple, if both	er 15, the 6-mont income for all 6 th spouses own t	th period would be March months and divide the to he same rental property, p	1 through tal by 6. Fill
August 31. in the resultincome from	If the amount of your mat. Do not include any in	1(10A). For example on the property of the pro	le, if you are filing on ed during the 6 month than once. For exar ave nothing to report	Septembers, add the nple, if both	er 15, the 6-mont e income for all 6 th spouses own t ne, write \$0 in the Column A	th period would be March months and divide the to he same rental property, perspace. Column B Debtor 2 or	1 through tal by 6. Fill
August 31. in the resultincome from income from 2. Your gross (before all properties)	If the amount of your m t. Do not include any in m that property in one co s wages, salary, tips, b	1(10A). For example nonthly income varies come amount more plumn only. If you have conuses, overtime,	le, if you are filing on ed during the 6 month than once. For exar ave nothing to report	Septembers, add the special policy if both for any lires and the special policy in the s	er 15, the 6-monte income for all 6 th spouses own the me, write \$0 in the Column A Debtor 1	th period would be March months and divide the to he same rental property, perspace. Column B Debtor 2 or	1 through tal by 6. Fill
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August 31. in the resultincome from 2. Your gross (before all page of the pag	If the amount of your mat. Do not include any in that property in one continued and that property is a parents, and room that property is a parenty is a parenty in the property in the property in the property in one continued and that property is a parenty in the property in one continued and that property is a parenty in the property in one continued and	1(10A). For example nonthly income varies come amount more plumn only. If you have the content of the content o	le, if you are filing on ad during the 6 month than once. For examave nothing to report and commissions and commissions and for household disupport. Include pers of your household lude payments from or farm Debtor 2	Septembers, add the special points of the sp	er 15, the 6-monte income for all 6 th spouses own the, write \$0 in the Column A Debtor 1 \$1,462.00	th period would be March months and divide the to he same rental property, perspace. Column B Debtor 2 or	1 through tal by 6. Fill

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Deb	tor 1	Shauna First Name	Lerinda Middle Name	Walker Last Name		Case number (if k	nown)		
						Column A Debtor 1	Column B Debtor 2 or non-filing spouse		
6.	Net	income from rental	and other real prop	erty					
	0		Debtor	1 Debtor \$0.00	2				
		ss receipts (before all uctions)		<u> </u>					
		nary and necessary o	operating -	\$0.00 _	 Сору				
		monthly income from er real property	rental or	\$0.00	here	\$0.00			
7.	Inte	rest, dividends, and	royalties			\$0.00			
8.	Une	mployment compen	sation			\$0.00			
		not enter the amount lefit under the Social S	•						
	F	or you		<u> </u>	\$0.00				
	F	or your spouse		<u>-</u>					
9.		sion or retirement in a benefit under the S		de any amount rece	ived that	\$0.00			
	or in	ayments received as ternational or domes arate page and put th	tic terrorism. If nece	-	•				
	Tota	al amounts from sepa	rate pages, if any.			+	+		
11.	Add	culate your total ave lines 2 through 10 fo n add the total for Co	r each column.			\$1,462.00	+	= \$1,462.00 Total average monthly income	
P	art 2	Determine I	How to Measure	Your Deductio	ns from Incon	ne			
12.	Сор	y your total average	monthly income fr	om line 11				\$1,462.00	
13.	Cald	culate the marital ad	justment. Check of	ne:					
		You are married and your spouse is filing with you. Fill in 0 below.							
		aujustment do	ез посарру, ещег с	DGIUW.					
					+	***		\$0.00	
		Total				\$0.00 Cop	y here →	\$0.00	
14.	You	r current monthly in	come. Subtract the	total in line 13 from	line 12.			\$1,462.00	

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Deb	tor 1	<u>Shauna</u>	Lerinda	Walker	Case number (if known)					
		First Name	Middle Name	Last Name						
15.	Calc	ulate your curi	ent monthly income for	the year. Follow these s	teps:					
	15a.	Copy line 14	nere 🛨			<u>-</u>	\$1,462.00			
		Multiply line 1	5a by 12 (the number of r	nonths in a year).		X	12			
	15b.	The result is	our current monthly incor	ne for the year for this pa	rt of the form		17,544.00			
16.	. Calculate the median family income that applies to you. Follow these steps:									
	16a.	Fill in the stat	e in which you live.	Ge	orgia					
			nber of people in your hou	sehold.	1					
						(41,719.00			
	16c.	To find a list of	of applicable median incor		nolding the link specified in the separate ankruptcy clerk's office.		p+1,713.00			
17.	How	do the lines c	ompare?							
	17a.	✓ Line 15b	is less than or equal to li	ne 16c. On the top of pag	ge 1 of this form, check box 1, Disposable in	ncome is not o	determined			
		under 1	U.S.C. § 1325(b)(3). Go	to Part 3. Do NOT fill ou	t Calculation of Your Disposable Income (O	fficial Form 12	22C-2).			
	17b.	11 U.S.0	C. § 1325(b)(3). Go to Par		form, check box 2, <i>Disposable income is a</i> on of Your Disposable Income (Official Forom line 14 above.		der			
D	art 2.	Coloulo	la Vaur Cammitman	nt Period Under 11 U	I C C S 4225(b)(A)					
Г	art 3:	Calcula	te rour commitmen	r Period Offder 11 C	3.3.C. § 1323(b)(4)					
18.	Сору	y your total ave	erage monthly income fr	om line 11		<u> </u>	\$1,462.00			
19.	that o	calculating the		-	spouse is not filing with you, and you conter lows you to deduct part of your spouse's	ıd				
	19a.	If the marital	adjustment does not apply	, fill in 0 on line 19a			\$0.00			
	19b.	Subtract line	19a from line 18.				\$1,462.00			
20.	Calculate your current monthly income for the year. Follow these steps:									
	20a.	Copy line 19b				<u> </u>	\$1,462.00			
		Multiply by 12	(the number of months in	ı a year).		X	12			
	20b.	The result is	our current monthly incor	me for the year for this par	rt of the form.	9	17,544.00			
	20c.	Copy the med	lian family income for you	r state and size of housel	nold from line 16c		41,719.00			
21.	How do the lines compare?									
	$\overline{\mathbf{Q}}$	Line 20b is less	-		ourt, on the top of page 1 of this form,					
	_		•	c. Unless otherwise order ent period is 5 years. Go t	red by the court, on the top of page 1 o Part 4.					
Pa	art 4:	Sign Be	low							
				clare that the information of	on this statement and in any attachments is	true and corre	ect.			
	y /s	s/ Shauna Lei	inda Walker		X					
			Walker, Debtor 1		X Signature of Debtor 2					
	_		_		ъ.					
	D	ate 8/15/201 MM / DD /			Date MM / DD / YYYY					
		IVIIVI / DD /	1111		IVIIVI / DD / TTTT					

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.